Name in Full

John T. Akers

Certificate of Death

Died at Town: Level County: Harford. MARYLAND

Date 1899 Month: 2 Day: 10 Age Y. 68 M. 7 D. 5 Native of Maryland Occupation Shoemaker

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 5

Husband ~~Wife~~ of Caroline A. Akers

Father's Name Isaac Akers Mother's Name Sarah Akers.

Cause of Death: Primary Gastric Catarrh 8 1 How long sick 3 Weeks

Immediate Exhaustion Accident, Suicide, Homicide

Reported by J. L. Hopkins M.D.

Address Level Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, SERIES

Bailey & Baldwin

Name in Full

not named Atkins

Certificate of Death

Died at — Town: Stafford — County: Harford — MARYLAND

Date 1899 — Month: July — Day: 16 — Age: Y. 3 M. D. — Native of: Md. — Occupation: —

Male ~~Female~~ — ~~White~~ Colored — ~~Married~~ Single — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — ~~Number of children~~ living

~~Husband~~ of ~~Wife~~

Father's Name: Samuel Atkins — Mother's Name: Flora Atkins

Cause of Death — Primary: Unknown — How long sick: 1 Week

Immediate —

~~Accident, Suicide, Homicide~~

Reported by: W H White Stafford — Undertaker

Address: Darlington Md

OVER

OVER

Must be signed by physician, If any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU 78706

Attended by Dr. Had none

of

Information contained in this certificate received from Granville Akins

of Stafford Md

Seen by Coroner

of

OVER

Name in Full Mr. F. Marion Anderson

Certificate of Death

Died at Town Shawsville County Harford MARYLAND

Date 1899 Month 2 Day 1 | Age Y. 43 M. D. | Native of | Occupation Contractor & builder

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 5

Husband of Wife

Father's Name

Mother's Name

Cause of Death: Primery Typhoid fever 1 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bate Co. Union 2-4

Address

Must be signed by physician, if any in attendence, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev. D. Albert Price
Pastor of Bethel

Name In Full Annie Mrs. Mariah Barton

Certificate of Death

Died at Town Black Horse County Harford MARYLAND

Date 189 Month 2 Dey 11 | Age Y. 88 M. D. | Native of | Occupation

~~Male~~ Female | White ~~Colored~~ | ~~Married~~ Single | Widow ~~Widower~~ | ~~Divorced~~ | Number of children living 6

Husband of Wife Philip A. Barton

Father's Name | Mother's Name 141

Ceuse of Death | Primary Senile debility | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 2-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undortaker or minister.

LIBRARY BUREAU, 79888

She died at the residence of her
son St. John W. Barton, Blackstone,

Name in Full

Joshua Bennett

Certificate of Death

Died at Town: Havre de Grace County: Harford MARYLAND

Date 189? Month: Feby. Day: 3 | Age Y.: 58 M.: 11 D.: — | Native of | Occupation: Fisherman

Male ~~Female~~ | White ~~Colored~~ | Married Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living: 4

~~Wife~~ Husband of: Mary E Bennett

Father's Name: William Bennett | Mother's Name: Catherine Bennett

Cause of Death: ~~Primary~~ Immediate: Heart trouble 57

How long sick: died suddenly

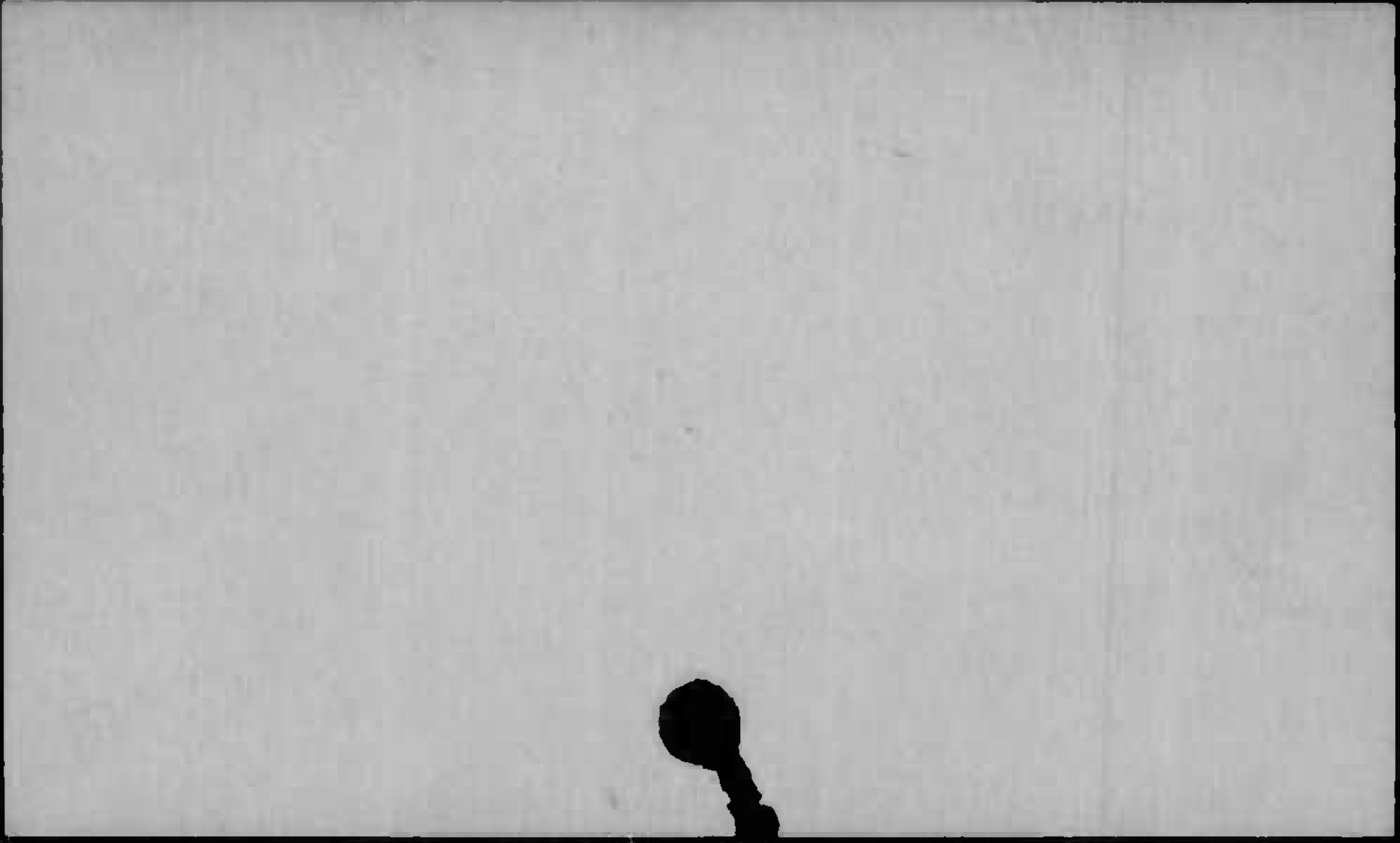
~~Accident~~, ~~Suicide~~, ~~Homicide~~

Reported by: Dr R. H. Smith

Address: Havre de Grace Md

Must be signed by physician, if any in attendance, other[illegible] by coroner, undertaker or minister.

LIBRARY BUREAU, BOSTON



Name In Full — Certificata of Death

John Bennett

Died at — Town: Havre de Grace — County: Harford — MARYLAND

Date 189 — Month: 2 — Day: 3 — Age: Y 58 M. D. — Native of — Occupation

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — ~~Widow~~ ~~Widower~~ — ~~Divorced~~ — Number of children living 4

Husband of
Wife

Father's Name

Mother's Name 57

Cause of Death — Primary: Heart disease — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Cecil Dem. 2-11

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Name in Full James T Berry

Certificate of Death

Died at Town Havre de Grace County Harford Co MARYLAND

Date 1899 Month Feb Day 14 Age Y. 44 M. 10 D. 14 Native of Md Occupation Laborer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ ~~Number of children living~~

~~Wife~~ Husband of Mary Jane Berry

Father's Name Perry D Berry Mother's Name Susan Berry

Cause of Death: Primary La Grippe succeeded by Pneumonia How long sick 2 days

Immediate Pneumonia Accident, Suicide, Homicide

Reported by A C Bretzius

Address Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU. 55968

Name In Full James Berry

Certificate of Death

Died at Town County Harford MARYLAND

Date 1899 Month 2 Day 17 Age Y. 44 M. D. Native of Occupation

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 0

Husband of Wife

Father's Name Mother's Name 9

Cause of Death Primary Pneumonia & Grippe How long sick 10 days

Immediate Accident, Suicide, Homicide

Reported by Republican Havre de Grace

Address 2-18

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Austin Kendig Bowman

Died at Town Level County Harford MARYLAND

Date 1899 Month 2 Day 1 Age Y. 1 M. D. Native of Md Occupation

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of

Wife

Father's Name Geo. W. Bowman Mother's Name Elizabeth Holloway

Cause of Death Primary 72

Immediate Pneumonia

How long sick 1 week

~~Accident, Suicide, Homicide~~

Reported by J. L. Hopkins MD

Address Garland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 6596B

Name In Full L. Thomas a Bradley

Certificate of Death

Died at Clermont Mills Town, Harford County, MARYLAND

Date 1899 Month 2 Day 9

Age Y. 87 M. D.

Native of

Occupation Postmaster

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~

Number of children living 3

~~Wife~~ Husband of Miss Macatee

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times 2-18

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70898

Rev. Father Wm. Lane,
St. Mary's Ch.,
Clermont Mills

Name in Full | Certificate of Death

J. Wm Carty

Died at Town Garland County Harford MARYLAND

Date 189 9 Month Feb. Day 15 Age Y. 81 M. 10 D. Native of Md Occupation Farmer

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ Widower ~~Divorced~~ Number of children living 3

Husband ~~Wife~~ of Maria Wilson

Father's Name Thomas Mother's Name Sarah

Cause of Death: Primary Nephritis 97 How long sick Indifinite

Immediate Uraemia ~~Accident, Suicide, Homicide~~

Reported by J. L. Hopkins

Address Garland Md

Must be signed by physician, if any in attendance, otherw[illegible] by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Bailey & Baldwin

P.C.I. 60 4-4

Name in Full Wm Oakley Clark

Certificate of Death

Died at Town Aberdeen County Harford Co MARYLAND

Date 189 Month Feb Day 8 | Age Y. 11 M 10 D. 11 | Native of Aberdeen | Occupation none

Male ~~Female~~ | ~~Married~~ Single ~~Widowed~~ Widow ~~Widower~~ Divorced | White ~~Colored~~ | ~~Number of children living~~

Husband of Wife

Father's Name Wm Clark

Mother's Name Elizabeth Clark

Cause of Death: Primary Pneumonia — How long sick 5 days

Immediate 72 — ~~Accident, Suicide, Homicide~~

Reported by Elizabeth Clark

Address Aberdeen

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. No Doctor

of

Information contained in this certificate received from Elizabeth Clark

of Aberdeen

Name in Full ——— Deckman

Certificate of Death

Died at Town Perryman County Harford MARYLAND

Date 189 Month 3 Day 22 | Age Y. 2 M. D. | Native of | Occupation

~~Male~~ ~~Female~~ | White Colored | ~~Married~~ Single | ~~Widow~~ Widower | ~~Divorced~~ ~~Number of children living~~

Husband of
Wife

Father's Name Am Deckman | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Bel Air Times 2-25-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70508

Name in Full

Certificate of Death

Nadie Douglas

Died at Town: Castleton County: Harford MARYLAND

Date 189	Month	Day	Age	Y.	M.	D.	Native of	Occupation
	Feb	24		2	6	4	Md	—

~~Male~~ Female ~~White~~ Colored ~~Married~~ Single ~~Widow~~ Widower ~~Divorced~~ Number of children living

Husband / Wife of —

Father's Name Wm Douglas

Mother's Name Cornelia Barnes

Cause of Death — Primary .71 How long sick All it Life

Immediate Capillary Bronchitis

~~Accident, Suicide, Homicide~~

Reported by J M Ragan M.D.

Address Conowingo Md

OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 79706

Attended by Dr. A. M. Logan

of Conowingo Cecil Co. Md.

Information contained in this certificate received from George Barnes

of Conowingo Md.

Seen by Coroner _____

of _____

OVER

Name In Full: Ida K. Endley.

Certificate of Death

Died at near Town: Aberdeen County: Harford MARYLAND

Date 1899 — Month: Feb. Day: 20 | Age Y. — M. 8 — D. 4 | Native of: Balto. | Occupation: —

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / Wife of: —

146a

Father's Name: Chas. Endley

Mother's Name: Sarah Watkins

Cause of Death:
- Primary: Burn on left leg
- Immediate: Septicaemia

How long sick: 2 weeks

Accident, Suicide, Homicide

Reported by: Chas. H. Kuete, M.D.

Address: Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Name In Full

Certificate of Death

Catherine Frisch

Died at Town: Madonna County: Harford MARYLAND

Date 1899 Month: 2 Day: 28 | Age Y. M. D. | Native of | Occupation

Male / Female | White / Colored | Married / Single | Widow / Widower | Divorced | Number of children living

~~Husband~~ Wife of Leonard Frisch

Father's Name | Mother's Name

Cause of Death: Primary: Heart Failure 15-5-F | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer 3-10

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79808

Clermont Mills
Rev. Father Kane

Name in Full: Ollie Gallien

Certificate of Death

Died at Bel Camp (Town) Harford Co (County) MARYLAND

Date 1899 Month Feb Day 3 | Age Y. 35 M. D. | Native of Harford | Occupation Farmer

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ | Number of children living 0

Husband / Wife of Octavia E. Gallien

Father's Name Wesley Gallien | Mother's Name

Cause of Death: Primary Consumption 22a | How long sick 2 Years

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Octavia E Gallien

Address Abington Harford Co Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr J H Stier

information obtained in this certificate
received from Octavia E Gallion
of Abingdon Harford Co Md

Name In Full

Certificate of Death

Edward Garrison

Died at Town near Bel Air County Harford MARYLAND

Date 1899 Month 3 Day 12 | Age Y. 75 M. D. | Native of | Occupation

/Male White Married Widow Divorced

~~Female~~ Colored Single Widower Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death — Primary: Senile debility — How long sick: 141

Immediate — Accident, Suicide, Homicide

Reported by Regis & Intelligencer 2-17

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Name In Full David German

Certificate of Death

Died at Aberdeen Town, Harford County, MARYLAND

Date 1899 Month 2-19 Day | Age Y. 73 M. D. | Native of | Occupation

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 3

Husband of
Wife

Father's Name | Mother's Name 44

Cause of Death — Primary: Partial Paralysis — How long sick: 7 years

Immediate — Accident, Suicide, Homicide

Reported by Amos Green 2-20

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7988

Rev. R. W. H. Weech,

Name in Full Grover Grey — Certificate of Death

Died at Town Aberdeen County Harford MARYLAND

Date 189 9 Month Feb Day 2 | Age Y. 11 M. – D. – | Native of Maryland | Occupation None

Male / ~~Female~~ | White / ~~Colored~~ | ~~Married~~ / Single | ~~Widow~~ / ~~Widower~~ | ~~Divorced~~ / Number of children living

~~Husband~~ / ~~Wife~~ of

Father's Name —

Mother's Name Carrie Grey

Cause of Death: Primary Whooping Cough — How long sick 3 weeks

Immediate Pneumonia — Accident, Suicide, Homicide

Reported by J. S. McKinney

Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, FORM

Name in Full

Grover Grey

Certificate of Death

Died at Town: Aberdeen County: Harford MARYLAND

Date 1899 Month: Feb Day: 2

Age Y. 11 M. – D. –

Native of: Maryland

Occupation: None

Male / ~~Female~~

White / ~~Colored~~

~~Married~~ / Single / ~~Widow~~ / Widower / ~~Divorced~~

~~Husband~~ / ~~Wife~~ of

Number of ~~children~~ living

Father's Name —

Mother's Name Carrie Grey

Cause of Death: Primary Whooping Cough 7 weeks

Immediate Pneumonia

How long sick

~~Accident, Suicide, Homicide~~

Reported by J. H. Kinney

Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 66068

Name In Full | Certificate of Death

Gunther

Died at Town Magnolia County Harford MARYLAND

Date 1899 Month Feb Day 1st | Age Y. 3 M. D. | Native of Md | Occupation

Male | White | Married | Widow | Divorced

Female | Colored | Single | Widower | Number of children living

Husband of Wife

Father's Name John Gunther | Mother's Name

Cause of Death: Primary Measles 5 | How long sick

Immediate | ~~Accident, Suicide, Homicide~~

Reported by Frank Schutz Undertaker

Address Upper Falls Falls Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate Re-
ceived from _____

of _____

Name In Full

Certificate of Death

Katie I. Hartzel

Died at Town: Bootheby Hills County: Harford MARYLAND

Date 1899 Month: Aug. Day: 25

Age Y. 2 M. 3 D. 18

Native of Harford Co

Occupation ———

~~Male~~ Female

White ~~Colored~~

~~Married~~ ~~Single~~

~~Widow~~ Widower

~~Divorced~~ ~~Number of children living~~

Husband / Wife of ———

Father's Name Walter Hartzel

Mother's Name Katie Lay.

Cause of Death — Primary: Pneumonia 72 — How long sick: one week

Immediate: Exhaustion — ~~Accident, Suicide, Homicide~~

Reported by Chas H Kuite M.D.

Address Aberdeen Harford Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

4-4 P.C.L. 61

Name In Full Mrs. Mary E. Hess

Certificate of Death

Died at Town Upper X Roads County Harford MARYLAND

Date 1899 Month 9 Day 18 Age Y. 50 M. D. Native of Occupation

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 5 -

~~Husband~~ of Wife Jacob H. Hess

Father's Name Mother's Name

Cause of Death Primary Dropsy 155a How long sick

Immediate Accident, Suicide, Homicide

Reported by Bel Air Times 2-25

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Gordwill Church
Revs N. C. Hoch & St. St. Davis

Name In Full Mrs. Sarah E. Stoller

Certificate of Death

Died at Town Farm Grove County Harford MARYLAND

Date 189 Month 2 Day 5 | Age Y. 82 M. D. | Native of | Occupation

~~Male~~ Female | White | ~~Married~~ ~~Single~~ Widow ~~Widower~~ ~~Divorced~~ | Number of children living

~~Husband~~ Wife of Joseph Stoller

Father's Name | Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Register Intelligencer

Address 2-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70055

Name In Full Henry C. Jenkins — Certificate of Death

Died at Town Sykesville County Harford MARYLAND

Date 1899 Month 2 Day 24 Age Y. 49 M. D. Native of Occupation

Male / ~~Female~~ — White / ~~Colored~~ — Married / Single — Widow / Widower — Divorced / Number of children living

Husband of
Wife

Father's Name Ignatius C. Jenkins — Mother's Name 77

Cause of Death — Primary: Stomach trouble — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Bel Air Times

Address 3-4

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79818

St. Mary's R. C. Ch.
Clermont Mills

Name In Full — Certificate of Death

Ignatius A. Jenkins

Died at Town: Pylesville — County: Harford — MARYLAND

Date 189 — Month: 2 — Day: 18 — Age: Y. 78 M. D. — Native of — Occupation

Mele / ~~Female~~ — White / Colored — Married / Single — Widow / Widower — Divorced — Number of children living 3

Husband of Wife

Father's Name: Gerald Jenkins — Mother's Name: Sarah Jenkins

Cause of Death — Primary: old age — How long sick

Immediate: 141 — Accident, Suicide, Homicide

Reported by Bel Air Times 2-20-

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

St. Mary's R. C. Church.

Name in Full Miss Bessie Jones

Certificate of Death

Died at Town County Harford MARYLAND

Date 1899 Month 2 Day 1 | Age Y. M. D. | Native of | Occupation

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Mother's Name

Cause of Death: Primary 161 | How long sick

Immediate | Accident, Suicide, Homicide

Reported by Aegis & Intelligencer

Address 2-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Geo W. Jones

Certificate of Death

Town: Dublin

County: Harford

Died at MARYLAND

Date 1899 Month: July Day: 9

Age: Y. 71 M. D.

Native of: maryland

Occupation: Farmer

Male ~~Female~~

White ~~Colored~~

Married ~~Single~~

Widow ~~Widower~~

Divorced

Number of children living 3

Husband ~~Wife~~ of Anna Evans

Father's Name: Hugh Jones

Mother's Name:

Cause of Death: Primary: Grip 9

Immediate: Exhaustion

How long sick: 4 weeks

Accident, Suicide, Homicide

Reported by: J S Poole

Address: Dublin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister

LIBRARY BUREAU FORM

Name in Full | Certificate of Death

Lenard Warren Jones

Died at near Glenville (Town) Harford (County) MARYLAND

Date 1891 Month 2 Day 27 Age Y. M. D. 2 months Native of Harford Occupation

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife

Father's Name Lenard Jones

Mother's Name Martha Jones

Cause of Death: Primary Lung trouble ?? How long sick one week

Immediate inflamation ~~Accident, Suicide, Homicide~~

Reported by Dr. Jno. Pattington

Address Darlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full Louis Lee

Certificate of Death

Died at Town Lapidum County Harford MARYLAND

Date 1899 Month Feb. Day 3 Age Y. 50 M. D. Native of Virginia Occupation Laborer

Male ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ Colored Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Richard Lee Mother's Name Margaret Lee

Cause of Death Primary Nephritis 97 How long sick Indefinite

Immediate Uraemia ~~Accident, Suicide, Homicide~~

Reported by J. L. Hopkins M.D.

Address Garland Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79700

Name In Full — Certificate of Death

Julia Sipes

Died at Town: Clayton — County: Harford — MARYLAND

Date 1894 Month	Day	Age Y.	M.	D.	Native of	Occupation
Feb	6	100			Maryland	None

~~Male~~ Female — ~~White~~ Colored — Married / Single — Widow / ~~Widower~~ — ~~Divorced~~ — Number of children living

~~Husband~~ / Wife of

Father's Name —

Mother's Name —

Cause of Death — Primary: 72 — How long sick: Several

Immediate: Pneumonia — ~~Accident, Suicide, Homicide~~

Reported by Frank Schutz Undertaker

Address Upper Falls Baltimore Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]8

Attended by Dr. None

of

Seen by Coroner

of

Information contained in this certificate received from

of

Name in Full: Hannah McCommone

Certificate of Death

Died at: Town: Aldine County: Hartford MARYLAND

Date 1899 Month: Feb Day: 16 Age: Y. 81 M. 2 D. 4 Native of: Hartford Occupation:

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of: Geo McCommone

Father's Name: Thomas Dearen Mother's Name: Nancy Dearen

Cause of Death: Primary: 141 How long sick: Indefinite

Immediate: Old age Accident, Suicide, Homicide

Reported by: Bailey & Baldwin F.D.

Address: Level Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

William T. Mackison

Died at Town Glenville County Harford MARYLAND

Date 1899 Month 2 Day 16 Age Y. 72 M. D. Native of Maryland Occupation Merchant & Farmer

Male ~~Female~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced Number of children living four

Husband Wife of Mary Mackison

Father's Name Mother's Name

Cause of Death Primary Pneumonia 9 How long sick 48 hours

Immediate " Accident, Suicide, Homicide

Reported by Jno. Daffington M. D.

Address Darlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Bailey & Baldwin

Name In Full Mrs. Mary Martin

Certificate of Death

Died at Town Belcamp County Harford MARYLAND

Date 189 Month 2 Day 19 Age Y. M. D. | Native of | Occupation

Male ~~Male~~ White ~~Colored~~ Married ~~Single~~ Widow Widower Divorced

Female Number of children living

Husband of

Wife

Father's Name

Mother's Name

Cause of Death: Primary 161 — How long sick

Immediate — Accident, Suicide, Homicide

Reported by Republican 2-25

Address Bare de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LITERARY BUREAU, 70858

Rev. Father Fitzgerald

St. Patrick's Ch.,

Havre de Grace

Name in Full | Certificate of Death

Dora Manser

Died at Town: Havre de Grace County: Harford Co, MARYLAND

Date 1899 Month: Feb. Day: 27 Age Y. 1 M. 4 D. 16 Native of: Maryland Occupation: —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living

Husband of Wife —

Father's Name: Henry Manser Mother's Name: Minnie Manser

Cause of Death: Primary: Capillary Bronchitis — How long sick

Immediate: Pneumonia — Accident, Suicide, Homicide

Reported by: A. C. Brothers

Address: Havre de Grace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Name in Full

Certificate of Death

William Moore

Died at Town Bel Air County Harford - MARYLAND

Date 189 9 Month Feb Day 24th | Age Y. 35 M. 7 D. | Native of U. S. A. | Occupation Waiter

Male ~~Female~~ | ~~White~~ Colored | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ | Number of children living Two

Husband ~~Wife~~ of Lizzie Moore

Father's Name Wesley Moore | Mother's Name

Cause of Death { Primary Pulmonary tuberculosis | How long sick two years

{ Immediate | Accident, Suicide, Homicide

Reported by William L. Archer

Address Bel Air Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU

Name in Full

Certificate of Death

Eller Elizabeth Oliver

Died at Town Harford Furnace County Harford MARYLAND

Date 1892 Month Feb Day 1 Age Y. 6 M. " D. 14 Native of Harford Furnace Occupation none

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Thos J Oliver

Mother's Name Ruth Oliver

Cause of Death Primary 161 How long sick 5 days

Immediate ~~Accident Suicide Homicide~~

Reported by Thos J Oliver

Address Harford Furnace

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. Rowe
of Aberdeen

Information obtained in this certificate received from Thos J Oliver
of Hayfield Inverurie

Name in Full: Laurah V Presberry

Certificate of Death

Died at (Town): aberdeen (County): Harford MARYLAND

Date 1899 Month: Feb Day: 3 | Age Y.: " M.: 4 D.: " | Native of | Occupation

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name: Nelson Presberry Mother's Name: Elizer H Presberry

Cause of Death: Primary: Premonia 72 How long sick: 1 week

Immediate ~~Accident, Suicide, Homicide~~

Reported by: Elmer H Presberry

Address: aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708

Attended by Dr. Dr Rorue

of Aberdeen

Information contained in this certificate received from Elizabeth H Presberry

of Aberdeen

Name in Full

Hannah Whims Reed

Certificate of Death

Died at Town Mulberry Point County Harford MARYLAND

Date 1899 Month Feb Day

Age Y. 60 M. - D. -

Native of Maryland

Occupation Servant

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living

~~Husband~~ Wife of Andrew Reed

Father's Name Reed

Mother's Name —

Cause of Death

Primary Congestive valvular Disease

Immediate Pneumonia 5-6

How long sick one week

~~Accident, Suicide, Homicide~~

Reported by J H Kennedy

Address Aberdeen Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full

Certificate of Death

Samuel Richardson Scarborough

Town

County

Died at near Macton Harford MARYLAND

Date 1899	Month 2 -	Day 1	Age Y. 80 M. D.	Native of	Occupation

Mele White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name

Mother's Name

Ceuse of Death

Primary

Immediate

161

How long sick

Accident, Suicide, Homicide

Reported by Regis & Intelligencer

Address 2-10

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Rev H. L. H. Winsor
Ascension P. E. Ch.,

Name in Full [redacted] Certificate of Death

James Jacob Smith

Died at Town The Cedars County Harford MARYLAND

Date 1899 Month 2 Day 16 Age Y. 92 M. D. Native of Md Occupation ~~Laborer~~

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 11

Husband of Wife Mary J. Lee

Father's Name Mother's Name

Cause of Death Primary How long sick 1 Week

Immediate Old Age 141 ~~Accident, Suicide, Homicide~~

Reported by N. H. H. Whiteford Undertaker OVER

Address Darlington Md OVER

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79706

Attended by Dr. Had Nance

of

Information contained in this certificate received from Geo W. Gaiette

of Bar Ulay N.C.

Seen by Coroner

of

OVER

Name in Full

Elizabeth J. Streett

Certificate of Death

Died at Town: Chrome Hill County: Harford MARYLAND

Date 1899 Month: Feb Day: 21 Age Y. 42 M. 11 D. 3 Native of: Md Occupation: Housewife

~~Male~~ White Married ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 5

~~Husband~~ Wife of Lawrence Streett

Father's Name Thos Wright Mother's Name Mary Wright

Cause of Death: Primary Fatty degeneration of Heart — How long sick

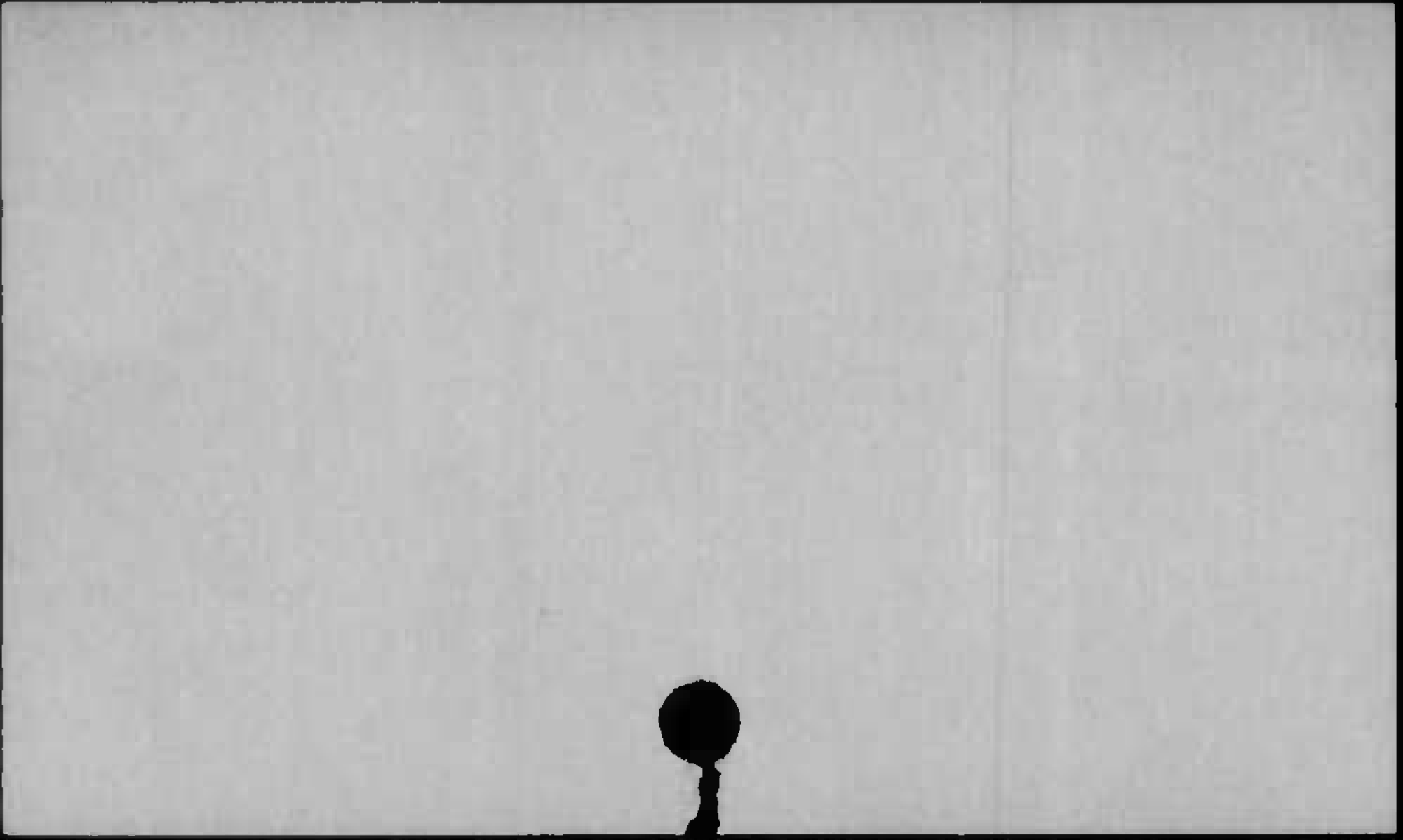
Immediate 66 — ~~Accident~~, Suicide, Homicide

Reported by Martin L. Garrett

Address Garrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968



Name in Full Certificate of Death

Caroline Sturtz

Died at Town Taylor County Harford MARYLAND

Date 1899 Month Feb Day 23 Age Y. 67 M. D. Native of Md Occupation House wife

~~Male~~ White Married Widow ~~Divorced~~

Female ~~Colored~~ ~~Single~~ ~~Widower~~ Number of children living 4

~~Husband~~ Wife of Jacob Sturtz

Father's Name Jesse Roach Mother's Name Caroline Roach

Cause of Death Primary Cancer of Liver 256 How long sick 30 days

Immediate ~~Accident, Suicide, Homicide~~

Reported by Martin L Jarrett MD

Address Jarrettsville Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full: Frank Vogts

Certificate of Death

Died at Town: Kellville County: Harford MARYLAND

Date 1899. Month: Feb Day: 18 | Age Y. M. D.: 29 | Native of: Harford Co. | Occupation: Blacksmith

Male / ~~Female~~ | White / ~~Colored~~ | Married / ~~Single~~ | Widow / ~~Widower~~ | ~~Divorced~~ / ~~Number of children living~~

Husband / ~~Wife~~ of Ressie Vogts

Father's Name: Wm Vogts | Mother's Name: —

Cause of Death: Primary: Consumption 22a | Immediate: " | How long sick: | ~~Accident, Suicide, Homicide~~

Reported by: Fredk Schultz Undertaker

Address: Upper Falls Balto Co 7

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Attended by Dr. J F H Gorsuch

of Fork Balto Co Md

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full

Certificate of Death

Alberta Warfield

Town: near Cole P.O. County: Harford

Died at near Cole P.O. Harford MARYLAND

Date 189	Month	Day	Age Y.	M.	D.	Native of	Occupation
9	Feb.	1	1	6	18	Harford	—

~~Male~~ Female | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name Wm. A. Warfield

Mother's Name Amanda Warfield

Cause of Death — Primary: Pneumonia. How long sick: 24 days

Immediate: Exhaustion ~~Accident, Suicide, Homicide~~

Reported by Chas. A. Krieter M.D.

Address Aberdeen Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70-19

Name in Full

Certificate of Death

George D. Whitelock

Died at Darlington (Town) Harford (County) MARYLAND

Date 189 4 Month 2 Day 8 Age Y. 57 M. D. Native of Harford Md Occupation Blacksmith

Male ~~Female~~ White ~~Colored~~ Married ~~Widow~~ ~~Divorced~~ ~~Single~~ Widower Number of children living 3

Husband / Wife of Annie Whitelock

Father's Name James Whitelock. Mother's Name Elizabeth

Cause of Death: Primary Chronic Bright's 9 7 How long sick a few hours

Immediate Heart

Accident, Suicide, Homicide

Reported by Jno. Saffington M.D.

Address Darlington Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 58968